## DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby doctare that:

My residence, post office address, and citizenship are as stored below next to my mame. I believe I am the original, first and sole inventor (if only one name is total below) of all original, first and joint inventor (if plure names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: PROCESS FOR DIRECT FILTERATION OF WAS I EWATER the specification of which: is attached herete. was filed on: \_ as Application Scriti No. I hereby state that I have reviewed and understand the contemp of the above identified specification, including the claims. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(8). I hereby claim foreign priority benefits under Title 35, United States Code, §119 or any foreign application(s) for patent or inventor's conflicate listed below and have also identified below any foreign application for patent or inventor's certificate naving a filling date before that of the application on which priority is claimed. PRIOR FOREIGN APPLICATION(5): Number Country Date Pict Priority Claimed No No I hereby claim the benefit under Title 35, United States Code, §120 of any United States Application(6) listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the mathet provided by the first paragraph of Title 35. United States Code, §112, I acknowledge the duty to disclose material information as defined in 7 itts 37, Code of Federal Regulations, \$1.55(a) which occurred between the filing date of the prior application and the national or PCT international fling date of this application: PENDING 09/805,866 3/14/2001 (Application Serial No.) (Filing Date) (Status) I hereby appoint the following attornoy(s) and/or agent(s) to prosecute this application and to transact at bysiness in the Putent and Trademark Office connected therewith, with full power of substitution and revocation: Address Telephone Calle Reundration No. and Correspondence to. Jo Katherine D'Ambrosio 35,871 Jo Katherine D'Ambrosio D'Ambrosio & Associates, P.L.L.C. Elizabeth Kell 10260 Westheimer Road, Suite 465 houston, Taxas 77042 (713) 973-0600 E-mail: jokan@patents-tradentark.com I hereby declare that all abdements made of my own knowledge are true and that all statements made on adomistion and belief are ballayed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Tibo 18 of the United States Code and that such willful teles statements may jeopardize the validity of the application or any patent leaved thereon. INVENTOR'S FULL NAME: E. SLIGHT 99999 INVENTOR'S SIGNATURE CITIZENSHIP United States RESIDENCE ADDRESS: 17 Blueberry Lane Brunswick, ME 04011 POST OFFICE ADDRESS: INVENTOR'S FULL NAME. DAMA C. Stack Date. \_\_\_ INVENTOR'S SIGNATURE. CITIZENSHIP; United States

RESIDENCE ADDRESS:

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ADDITIONAL JOINT INVENTOR(5) LISTED ON ATTACHED SHEET. D Yes 18 No

## DEGLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:			
My residence, post office addi	rann, and chizenship are no stated i	octow need to my harms.	
I believe I am the original, fin names are listed below) of the FOR DIRECT FILTERATION	et and sole invertor (if only one me a subject matter which is claimed as I OF WARTEWATER the specifica	ame is listed below) or an ad fer which a patent is sou tion of which:	original, first and joint inventor (if pi ght on the invention untilled; PROCE
od is a	stached horote.	Application Barial No	*
I hardby state that I have review	wed and understand the contents o	the above identified speci	leation, including the chilms.
I stikeouledge the duty to dis Code of Federal Regulations,	cioso information valida is meterial \$1.58(a).	to the execution of this	application in accordance with Title
I haraby plains fearign priority cartificate listed below and he before that of the application o		es Code, §119 of any took application for pulsant or	gn application(s) for patent or inverse inventor's certificate having a filing d
PRIOR FOREIGN APPLICAT	TON(B):		
Extently Claimed No No	Manaber	Country	Ceta_Ellaci
I hereby claim the bahalit under Title 35, United States Code, §120 of any United States Application(s) listed below, and, insufer the subject matter of each of the claims of this application is not disclosed in the prior United States application in the mann provided by the first paragraph of Title 35, United States Code, §112, I solmowiedge the duty to disclose material information defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filting date of the prior application; and instance or PCT International filting date of this application;			
OB/1005.0008 (Application Serial No.)	<u>8/14/2001</u> (Filing Date)	PENDII (Strice)	<u>IG</u>
I hereby appeint the following: Trademark Office connected to	attornoy(e) and/or agent(e) to proce herewith, with full power of subcliss	oute this application and to lan and revocation:	transact all business in the Patent a
Name Jo Kutherina D'Ambiosio Elizobeth Hall	Registration No. 30,871 37,344	Address Telephone Calls and Gernatumpdenou to: Jo Katherine D'Ambroglo D'Ambroglo & Associates, P.L.L.C., 112251 Westhelmer Road, Suite 465 Housson, Texas 77042 (713) 875-0800 E-mail: jokat@pateris-trademark.com	
made are brighteple by tipe of	<b>82 CHILL Chase Statemento vievo mac</b>	io with the knowledge that Of all Title 18 of the Lusber	ente made on Information and belief, wilful faite statements and the file Status Code and that auch wilful fe
INVENTOR'S FULL NAME:	E. Stuart Gavage		
INVENTOR'S SIGNATURE:			Date:
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	Brunswick, ME 04011		
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INVENTOR'S FULL NAME:	David of Shabit () ( )	hol) /	9.23.03
INVENTOR'S SIGNATURE:	rand 1:00		Dept. 1.17.07
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POST OFFICE ADDRESS:			
ADDITIONAL JOINT INVENTOR(S) LISTED ON ATTACHED SHEET: □ Yes 15 No			